

DEPARTMENT OF BOATING AND WATERWAYS

2000 Evergreen Street, Suite 100
SACRAMENTO, CA 95815-3888
(916) 263-1331

**TRAINING EXPENSE REQUEST INSTRUCTION**

Requests for reimbursement of expenses incurred by non-P.O.S.T. qualified employees can only be paid under the following conditions:

1. Employees must have successfully completed Department approved, P.O.S.T. certified training.
2. Employee must have designated authority under Chapter 4.5 California Penal Code to enforce California boating law and regulations.
3. A fully executed MEMORANDUM OF UNDERSTANDING (MOU) must exist between the Department of Boating and Waterways and the Agency.
4. A cover letter requesting reimbursement must be submitted within 45-days of the completed training.

(Note: Agencies requesting reimbursement shall recognize that the June 15th expiration date of the (MOU) has precedence over the 45-day filing period. As a result there may be occasions where an agency will not have a full 45-days to file a claim for reimbursement.)

5. A completed travel expense claim (TC) must be submitted. Wet signatures from the employee who attended the training and the officer of the agency authorizing the claim validate the claim.

The (TC) will include a detailed breakdown of dates, departures times, return times, site locations, lodging costs, meal costs, mileage costs (if applicable) to and from the training site, and the purpose of travel. Subsistence will not be allowed if expenses are incurred within 50 round trip miles of the employee's headquarters address. A sample (TC) along with a blank has been enclosed in this packet.

Lodging costs are reimbursable when copies of the lodging receipt(s) have been submitted with the (TC). Mileage will be reimbursed providing the requesting agency includes official documentation that supports mileage incurred. Meal receipts are not required but will be itemized with actual amounts being declared as shown in the sample claim form.

Agencies having questions or needing additional information to confirm qualifying expenditures can contact Walt Saborio at 916/263-8182 or Mary Thomas 916/263-8185.

**INSTRUCTIONS FOR COMPLETING THE
MEMORANDUM
OF UNDERSTANDING**

1. Line 2--Enter your Agency's name.
2. Line 22--Enter the authorizing governing body (Board of Supervisors, City Council, Park District, Harbor District, etc.) and the applicable Penal Code section.
3. Line 45--Enter the Agency name (in the space provided).
4. Line 46--Signature of authorized Agency representative, must not be a claimant (in the space provided).
5. Line 47--Enter the date of signing (in the space provided).
6. Agencies requesting reimbursement for completed training must provide the following:
 1. A **(MOU)** with a wet signature. Note: every time a requesting agency submits a **(TC)** a new **(MOU)** with a wet signature must be submitted. Copies will not be allowed.
 2. A Department of Boating and Waterways **(TC)** declaring the student(s) per diem and travel. Please be sure to submit a **[TC(s)]** with wet signatures (not a photocopy), and have it/them countersigned by the appropriate authorizing officer (see attached sample).
 3. A reimbursement cover letter from the requesting agency (see attached sample).

If you have any questions, please contact Walt Saborio at (916) 263-8182 or Mary Thomas at (916) 263-8185.

MEMORANDUM OF UNDERSTANDING

1 This Memorandum of Understanding is entered into on July 1, 2002, between the California
2 Department of Boating and Waterways (DBW) and the _____.

3 Federal assistance is authorized by Chapter 131 of Title 46, USC (formally referred to as the
4 Federal Boating Safety Act of 1971) for the training of personnel in law enforcement as
5 related to boating. The DBW and the local governmental Agency agree to the following:

6 **A.** The DBW will reimburse the governmental Agency with Federal monies for
7 certain subsistence and transportation expense incurred by their employees while attending
8 and satisfactorily completing a training program approved by the DBW. Agencies entering
9 into DBW's Marine Law Enforcement Training Program, MEMORANDUM OF
10 UNDERSTANDING, acknowledge and agree to the following:

11 1. DBW's training budget fluctuates from fiscal year to fiscal year.

12 2. Reimbursement funds for completed POST certified training through DBW are
13 contingent upon the availability of those funds.

14 3. Agencies submitting claims for completed POST certified student training after
15 program ***funds have been exhausted will not be reimbursed.***

16 **B.** The governmental Agency will request reimbursement only for those employees whose
17 duty assignments are directly related to the enforcement of State, Federal and Local measures
18 for the regulation of boating activities, and who do not meet the P.O.S.T. qualifications for
19 reimbursement under that program.

20 All employees eligible for reimbursement must have legal authority to issue citations for
21 violations of boating law, regulations or ordinance. Employees legal authority was granted
22 by _____ Pursuant to California Penal Code, Section _____.

23 **C. Request for Reimbursement shall occur within 45 calendar days of any completed**
24 **training. Delinquent claims for reimbursement will be disallowed.**

25 **D. This Memorandum of Understanding will terminate June 15, 2003. Agencies**
26 **requesting reimbursement shall recognize that the June 15th expiration date of the**
27 **Memorandum of Understanding has precedence over the 45-day filing period. As a**
28 **result there will be occasions where an agency will not have a full 45-days to file a**
29 **claim for reimbursement.**

30 **E.** Reimbursement shall not exceed the rates provided below nor the actual cost incurred by
31 the agency if costs are under the maximum daily subsistence allowance.

32 Reimbursement Rate

33 **Maximum Daily Subsistence Allowance (1)**

| | | |
|----|-----------|--------------|
| 34 | Lodging | \$ 85.00 (2) |
| 35 | Breakfast | \$ 6.00 |
| 36 | Lunch | \$ 10.00 |
| 37 | Dinner | \$ 18.00 |

38 (1) Not reimbursable within 50 round trip miles of headquarters address

39 (2) Not including tax

40 **Mileage Reimbursement Rates:**

| | | |
|----|----------|---------|
| 41 | Per mile | \$ 0.34 |
|----|----------|---------|

42 The reimbursement of transportation costs for other than agency/private owned
43 vehicles must be approved in advance prior to students attending training by the Department
44 of Boating and Waterways.

45 _____
Agency

State of California
Department of
Boating and Waterways

46 _____
Authorized Signature

Chief, Operations

47 _____
Date

Date

SAMPLE LETTER REQUESTING REIMBURSEMENT
(This letter must be on your Agency Letterhead)

(Date)

California Department of Boating and Waterways
Attn: Training Coordinator, Enforcement Unit
2000 Evergreen Street, Suite 100
Sacramento, California 95815-3888

Dear:

Please reimburse the ***(name of organization to receive reimbursement check)*** in the amount of ***(total \$ amount for all employees if more than one)*** for actual expenses incurred in the attending ***(name of school)*** in ***(location)*** from ***(date to date)***.

Enclosed is a ***MEMORANDUM OF UNDERSTANDING*** signed by an authorized officer of ***(name of organization)***. Also, enclosed is a signed and certified ***(countersigned)*** travel expense claim for each employee, signed on the original.

If you have any questions regarding ***(this/these)*** claims, please call ***(your name)*** at ***(area code/phone number)***.

Sincerely,

(Your name)
(Title)

Enclosures

Travel Expense Claim Form

(THIS FORM MUST BE USED FOR AGENCY REIMBURSEMENT - ALL OTHERS WILL BE DISALLOWED)

| | | | | | |
|--|--------------------|--------------------------|--|--------------------|--------------------------|
| Claimants Name R.R. Lumpy | | | Department Anytown Law Enforcement Office | | |
| Position Boat Patrol Officer | | | Division or Bureau Boating Safety Detail | | |
| Residence 1234 State Street | | | Headquarters Address 6976 PWC Jumping Circle | | |
| City Sadsack | State CA | Zip Code 56789 | City Sadsack | State CA | Zip Code 56780 |

| Month/Year | | Location | Lodging (attach receipts) | Meals | | | Transportation | | | Business Expenses (attach receipts) | Total Expenses |
|------------|-------------------------------|-----------------------|------------------------------|-----------|-------|--------------|---|-------------------------------------|--------------|--|----------------|
| 00/XX | | | | Breakfast | Lunch | Dinner | Carfare, Air, Tolls (attach receipts) | Vehicle Use (Enter Lic. # below) | | | |
| Day | Time (First & Last days only) | | | | | | | Miles | Amount | | |
| 11 | 1400 | SadSack to Sacramento | 85.00 (1) | | | 18.00 (2) | | 100 | 34.00 (3) | | 137.00 |
| 12 | | “ “ “ | 85.00 | 5.50 | 8.00 | 18.00 | | | | | 116.50 |
| 13 | | “ “ “ | 85.00 | 4.95 | 7.50 | 10.00 | | | | | 107.45 |
| 14 | | “ “ “ | 85.00 | 5.00 | 9.50 | 9.00 | | | | | 108.50 |
| 15 | | “ “ “ | 85.00 | 3.50 | 6.86 | 8.00 | | | | | 103.36 |
| 16 | 1730 | Sacramento to Sadsack | | 4.00 | 7.00 | | | 100 | 34.00 | | 45.00 |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | 425.00 | 22.95 | 38.86 | 63.00 | | | 68.00 | | |

Claim Total \$ 617.81

Purpose: To attend the **Basic Boating Safety and Enforcement** course sponsored by the California Department of Boating and Waterways.

Remarks or details (attach receipts when required)

- 1. A legible copy of the lodging receipt articulating expenses incurred must be submitted with the claim.**
- 2. Enter the actual costs for meals on (TC).**
- 3. Enter the license number of the vehicle used.**

Vehicle Lic. #

(3) 2NNN000

I hereby certify that the above is a true statement of the travel expenses incurred by me in accordance with existing agreements and that all items above were official business.

Signature of Officer Approving Payment

Signature of Claimant

Date

00/XX/00

Travel Expense Claim Form

(THIS FORM MUST BE USED FOR AGENCY REIMBURSEMENT- ALL OTHERS WILL BE DISALLOWED)

| | | | | | |
|----------------|-------|----------|----------------------|-------|----------|
| Claimants Name | | | Department | | |
| Position | | | Division or Bureau | | |
| Residence | | | Headquarters Address | | |
| City | State | Zip Code | City | State | Zip Code |

| Month/Year | | Location | Lodging (attach receipts) | Meals | | | Transportation | | Business Expenses (attach receipts) | Total Expenses | |
|------------|------------------------------------|----------|---------------------------------|-----------|-------|--------|--|-------------------------------------|--|-------------------|--------|
| | | | | Breakfast | Lunch | Dinner | Carfare, Air, Tolls (attach receipts) | Vehicle Use (Enter Lic. # below) | | | |
| Day | Time (First & Last days only | | | | | | | Miles | | | Amount |
| | | | | | | | | | | | |
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Claim Total \$

Purpose: To attend _____ course sponsored by the California Department of Boating and Waterways.

Remarks or details (attach receipts when required)

| | |
|--|----------------|
| | Vehicle Lic. # |
| | |
| | |

I hereby certify that the above is a true statement of the travel expenses incurred by me in accordance with existing agreements and that all items above were official business.

Signature of Officer Approving Payment

Signature of Claimant

Date